

# OFFICE OF THE REGISTRAR BEREN & WILF CAMPUS

Beren:	215 Lexington Avenue, 11th Floor	New York, New York 10017	Phone 646 592 4180	Fax 212 340 7837	E-mail berenregistrar@yu.edu
Wilf:	500 West 185 Street, Rm 114	New York, New York 10031	Phone 646 592 6270	Fax 212 960 0004	E-mail wilfregistrar@yu.edu

## Request for Enrollment/Graduation Letter

Name: \_\_\_\_\_ YU ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School attending † Stern College † Sy Syms School of Business † Yeshiva College

Are you currently enrolled: † Yes † No

If No, dates of attendance: \_\_\_\_\_ o t \_\_\_\_\_

Please check which letter(s) you are requesting. Check all that apply

† Semester Enrollment † Semester(s) to be included: \_\_\_\_\_

† Good Academic Standing † Includes current academic standing, GPA is not included unless stated.

† Expected Graduation Letter † Expected graduation date \_\_\_\_\_

† Graduation Letter † Includes the degree awarded, major and graduation date.

† Other (please indicate any specific information to be included here) \_\_\_\_\_

Purpose of this letter:

† Health Insurance Company Name: \_\_\_\_\_

† Car Insurance Company Name: \_\_\_\_\_

† Outside Course(s) School Name: \_\_\_\_\_

† Jury Duty (Please include jury duty summons with this request)

† Other \_\_\_\_\_

Do you want to pick up this letter? † Yes † No

If No, send this certification to:

Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

OR fax this certification to:

Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Students Signature (required)

\_\_\_\_\_  
Date